



120 First Avenue North
PO Box 548 ■ Ilwaco, WA 98624
Phone: 360.642.3145
Fax: 360.642.3155
Ilwacoadmin@willapabay.org
www.ilwacowashington.com

Water Leak Billing Adjustment Request Form

I am requesting the City of Ilwaco to reduce the water bill for this account, to the extent allowed by city ordinance, because of a leak beginning on _____ (date) and repaired on _____ (date).

I, the undersigned, certify, that the water lost from this leak was not used by anyone.

Name: _____ Account No: _____

Mailing Address: _____

Service Address: _____

Phone: _____

Type of leak on customer's side of meter: _____

Please attach documents of repairs made and write a brief description of repairs made:

Signature: _____ Date: ____/____/____

Please return signed and completed form to: City of Ilwaco, PO Box 548, Ilwaco WA 98624

FOR CITY USE ONLY: Calculation of Water Leak Allowance

A. Meter reading immediately prior to leak: _____ cu ft

B. Meter reading after leak was detected / repaired: _____ cu ft

C. Metered water during the leak period (2 – 1) _____ cu ft

D. Number of meter reading cycles in application: 1 ☐ 2 ☐

Average of 3 years of consumption prior to the leak:

Meter cycle	Reading Date	Reading	Consumption
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
E.	Total cu ft prior periods		
F.	Average prior periods cu ft. E/18		
G.	Periods in this claim from D above		
H.	Average over claim periods (F X G)		
I.	Average bill $\$31.60 + (H - 500 \times G) \times \0.0172		
J.	Metered during leak from C. above		
K.	Metered overage charge $(J - 500 \times G) \times \0.0172 if >\$0		
L.	Billing reduction $(K - 3 \times I)$ if >\$0		
M.	New bill for period of leak $(K - L)$		\$